

**Mail To:**

Town of Hilton Head Island  
 Revenue Collections Division  
 One Town Center Court  
 Hilton Head Island, SC 29928  
 (843) 341-4610 FAX (843) 341-4637  
[www.hiltonheadislandsc.gov](http://www.hiltonheadislandsc.gov)

**TOWN OF HILTON HEAD ISLAND**  
**Hospitality Fee and Local**  
**Accommodations Tax**  
**Reporting Form**



D/B/A Name and Location Address

Hosp. Acct. No. FEI or SS No.

Accommodations Tax No.

Bus. Lic. No. SC Retail No.

**1<sup>st</sup> Quarter**

**April 20, 2005**  
 File On or Before

Period: January, February, March 2005

If your business has closed or changed ownership, please complete all that apply:

1. Date business closed: \_\_\_\_\_
2. Date changed ownership: \_\_\_\_\_
3. New owner is: \_\_\_\_\_
4. Name of new business if known: \_\_\_\_\_

**HOSPITALITY FEE**

Report in Whole Dollars

- |  |   |                      |   |                      |
|--|---|----------------------|---|----------------------|
| 1. Gross Proceeds: Food and Beverages            | 1 | <input type="text"/> | . | <input type="text"/> |
| 2. Hospitality Fee <b>Line 1 x 1% (.01)</b>      | 2 | <input type="text"/> | . | <input type="text"/> |
| 3. Penalty 5% per month <b>Line 2 x 5% (.05)</b> | 3 | <input type="text"/> | . | <input type="text"/> |
| 4. Total Hospitality Fee Due (Add lines 2 and 3) | 4 | <input type="text"/> | . | <input type="text"/> |

**LOCAL ACCOMMODATIONS TAX**

Only complete this section if you have gross  
 proceeds from transient accommodations.

- |  |    |                      |   |                      |
|--|----|----------------------|---|----------------------|
| 5. Gross Proceeds: Transient Accommodations          | 5  | <input type="text"/> | . | <input type="text"/> |
| 6. Accommodations Tax <b>Line 5 x .3% (.03)</b>      | 6  | <input type="text"/> | . | <input type="text"/> |
| 7. Penalty 5% per month <b>Line 6 x 5% (.05)</b>     | 7  | <input type="text"/> | . | <input type="text"/> |
| 8. Total Accommodations Tax (Add Lines 6 and 7)      | 8  | <input type="text"/> | . | <input type="text"/> |
| 9. SUBTOTAL (Add lines 4 and 8)                      | 9  | <input type="text"/> | . | <input type="text"/> |
| 10. Credit or Balance Due from Period ____ Year ____ | 10 | <input type="text"/> | . | <input type="text"/> |
| 11. <b>TOTAL AMOUNT DUE</b> (Add lines 4, 8, and 10) | 11 | <input type="text"/> | . | <input type="text"/> |

FOR OFFICE USE ONLY	
Postmark	_____
CK#	_____
Hosp Fee	_____
Hosp Pen	_____
Subtotal	_____
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TOTAL	_____
Ck Amt	_____
HF Credit	_____
ATax Credit	_____
ATax	_____
Hosp Due	_____
Hosp Pen Due	_____
Credit or Bal Due	_____
ATax Due	_____
ATax Pen Due	_____
Credit or Bal Due	_____
TOTAL Credit/Bal	_____

**IMPORTANT:** Enclose payment with report. Please do not staple.This return becomes **DELINQUENT** if it is postmarked after the 20th day following the end of the period.

I hereby certify that the information contained on this report is true and accurate to the best of my knowledge and belief.

Taxpayer's Signature	Title	Telephone	Date
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**Accommodations Tax**  
**Reporting Form**



D/B/A Name and Location Address

Hosp. Acct. No. FEI or SS No.

Accommodations Tax No.

Bus. Lic. No. SC Retail No.

**2<sup>nd</sup> Quarter**

**File On or Before**  
**July 20, 2005**

Period: April, May, June, 2005

If your business has closed or changed ownership, please complete all that apply:

1. Date business closed: \_\_\_\_\_
2. Date changed ownership: \_\_\_\_\_
3. New owner is: \_\_\_\_\_
4. Name of new business if known: \_\_\_\_\_

**HOSPITALITY FEE**

Report in Whole Dollars

- |  |   |                      |   |                      |
|--|---|----------------------|---|----------------------|
| 1. Gross Proceeds: F and B <b>April Only</b>               | 1 | <input type="text"/> | . | <input type="text"/> |
| 2. Gross Proceeds: F and B <b>May and June</b>             | 2 | <input type="text"/> | . | <input type="text"/> |
| 3. Sub-Total Gross Proceeds                                | 3 | <input type="text"/> | . | <input type="text"/> |
| 4. Hospitality Fee <b>Line 1 x 1% (.01) April Only</b>     | 4 | <input type="text"/> | . | <input type="text"/> |
| 5. Hospitality Fee <b>Line 2 x 2% (.02) May &amp; June</b> | 5 | <input type="text"/> | . | <input type="text"/> |
| 6. Subtotal Hospitality Fee Due (Add lines 4 and 5)        | 6 | <input type="text"/> | . | <input type="text"/> |
| 7. Penalty 5% per month <b>Line 6 x 5% (.05)</b>           | 7 | <input type="text"/> | . | <input type="text"/> |
| 8. Total Hospitality Fee Due (Add lines 6 and 7)           | 8 | <input type="text"/> | . | <input type="text"/> |

**LOCAL ACCOMMODATIONS TAX**

Only complete this section if you have gross  
 proceeds from transient accommodations.

- |   |    |                      |   |                      |
|---|----|----------------------|---|----------------------|
| 9. Gross Proceeds: Transient Accommodations           | 9  | <input type="text"/> | . | <input type="text"/> |
| 10. Accommodations Tax <b>Line 9 x .3% (.03)</b>      | 10 | <input type="text"/> | . | <input type="text"/> |
| 11. Penalty 5% per month <b>Line 10 x 5% (.05)</b> ▶  | 11 | <input type="text"/> | . | <input type="text"/> |
| 12. Total Accommodations Tax (Add Lines 10 and 11)    | 12 | <input type="text"/> | . | <input type="text"/> |
| 13. SUBTOTAL (Add lines 8 and 12)                     | 13 | <input type="text"/> | . | <input type="text"/> |
| 14. Credit or Balance Due from Period ____ Year ____  | 14 | <input type="text"/> | . | <input type="text"/> |
| 15. <b>TOTAL AMOUNT DUE</b> (Add lines 8, 12, and 14) | 15 | <input type="text"/> | . | <input type="text"/> |

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Ck Amt	_____
HF Credit	_____
ATax Credit	_____
ATax	_____
Hosp Due	_____
Hosp Pen Due	_____
Credit or Bal Due	_____
ATax Due	_____
ATax Pen Due	_____
Credit or Bal Due	_____
TOTAL Credit/Bal	_____

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D/B/A Name and Location Address

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Accommodations Tax No.

Bus. Lic. No. SC Retail No.

**3<sup>rd</sup> Quarter**

**October 20, 2005**  
 File On or Before

Quarterly Filers:  
 Period: July, August, September, 2005

If your business has closed or changed ownership, please complete all that apply:

1. Date business closed: \_\_\_\_\_
2. Date changed ownership: \_\_\_\_\_
3. New owner is: \_\_\_\_\_
4. Name of new business if known: \_\_\_\_\_

**HOSPITALITY FEE**

Report in Whole Dollars

- |  |   |                      |   |                      |
|--|---|----------------------|---|----------------------|
| 1. Gross Proceeds: Food and Beverages            | 1 | <input type="text"/> | . | <input type="text"/> |
| 2. Hospitality Fee <b>Line 1 x 2% (.02)</b>      | 2 | <input type="text"/> | . | <input type="text"/> |
| 3. Penalty 5% per month <b>Line 2 x 5% (.05)</b> | 3 | <input type="text"/> | . | <input type="text"/> |
| 4. Total Hospitality Fee Due (Add lines 2 and 3) | 4 | <input type="text"/> | . | <input type="text"/> |

**LOCAL ACCOMMODATIONS TAX**

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 proceeds from transient accommodations.

- |  |    |                      |   |                      |
|--|----|----------------------|---|----------------------|
| 5. Gross Proceeds: Transient Accommodations          | 5  | <input type="text"/> | . | <input type="text"/> |
| 6. Accommodations Tax <b>Line 5 x .3% (.03)</b>      | 6  | <input type="text"/> | . | <input type="text"/> |
| 7. Penalty 5% per month <b>Line 6 x 5% (.05)</b>     | 7  | <input type="text"/> | . | <input type="text"/> |
| 8. Total Accommodations Tax (Add Lines 6 and 7)      | 8  | <input type="text"/> | . | <input type="text"/> |
| 9. SUBTOTAL (Add lines 4 and 8)                      | 9  | <input type="text"/> | . | <input type="text"/> |
| 10. Credit or Balance Due from Period ____ Year ____ | 10 | <input type="text"/> | . | <input type="text"/> |
| 11. <b>TOTAL AMOUNT DUE</b> (Add lines 4, 8, and 10) | 11 | <input type="text"/> | . | <input type="text"/> |

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ATax Credit	_____
ATax	_____
Hosp Due	_____
Hosp Pen Due	_____
Credit or Bal Due	_____
ATax Due	_____
ATax Pen Due	_____
Credit or Bal Due	_____
TOTAL Credit/Bal	_____

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Bus. Lic. No. SC Retail No.

**4<sup>th</sup> Quarter**

January 20, 2006  
 File On or Before

Quarterly Filers:  
 Period: October, November, December 2005

If your business has closed or changed ownership, please complete all that apply:

1. Date business closed: \_\_\_\_\_
2. Date changed ownership: \_\_\_\_\_
3. New owner is: \_\_\_\_\_
4. Name of new business if known: \_\_\_\_\_

**HOSPITALITY FEE**

Report in Whole Dollars

- |  |   |                      |   |                      |
|--|---|----------------------|---|----------------------|
| 1. Gross Proceeds: Food and Beverages            | 1 | <input type="text"/> | . | <input type="text"/> |
| 2. Hospitality Fee <b>Line 1 x 2% (.02)</b>      | 2 | <input type="text"/> | . | <input type="text"/> |
| 3. Penalty 5% per month <b>Line 2 x 5% (.05)</b> | 3 | <input type="text"/> | . | <input type="text"/> |
| 4. Total Hospitality Fee Due (Add lines 2 and 3) | 4 | <input type="text"/> | . | <input type="text"/> |

**LOCAL ACCOMMODATIONS TAX**

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|--|----|----------------------|---|----------------------|
| 5. Gross Proceeds: Transient Accommodations          | 5  | <input type="text"/> | . | <input type="text"/> |
| 6. Accommodations Tax <b>Line 5 x .3% (.03)</b>      | 6  | <input type="text"/> | . | <input type="text"/> |
| 7. Penalty 5% per month <b>Line 6 x 5% (.05)</b>     | 7  | <input type="text"/> | . | <input type="text"/> |
| 8. Total Accommodations Tax (Add Lines 6 and 7)      | 8  | <input type="text"/> | . | <input type="text"/> |
| 9. SUBTOTAL (Add lines 4 and 8)                      | 9  | <input type="text"/> | . | <input type="text"/> |
| 10. Credit or Balance Due from Period ____ Year ____ | 10 | <input type="text"/> | . | <input type="text"/> |
| 11. <b>TOTAL AMOUNT DUE</b> (Add lines 4, 8, and 10) | 11 | <input type="text"/> | . | <input type="text"/> |

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HF Credit	_____
ATax Credit	_____
ATax	_____
Hosp Due	_____
Hosp Pen Due	_____
Credit or Bal Due	_____
ATax Due	_____
ATax Pen Due	_____
Credit or Bal Due	_____
TOTAL Credit/Bal	_____

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